



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |                             | Docket Number (Optional)<br>PP000369.0101 (2300-0369) |
|--|-----------------------------|---|
| <b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                             |   |
| Application Number<br>09/762,762   | Filed<br>April 9, 2001      |   |
| For METHOD FOR PRODUCING YEAST EXPRESSED HPV TYPES 6 AND 16 CAPSID PROTEINS  |                             |   |
| Art Unit<br>1648   | Examiner<br>Ali Reza Salimi |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                             |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                             |   |
|  | <u>Fee</u>                  | <u>Small Entity Fee</u>                               |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                       | \$60 \$ 120.00  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                       | \$225 \$  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                      | \$510 \$  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590                      | \$795 \$  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160                      | \$1080 \$   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> . I have enclosed a duplicate copy of this sheet. |                             |   |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                             |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,208</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                             |   |
| <br>Signature   |                             | <u>6/7/05</u><br>Date                                 |
| <u>Roberta L. Robins, Reg. No. 33,208</u><br>Typed or printed name   |                             | <u>510-923-3179</u><br>Telephone Number               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                             |   |
| <input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.   |                             |   |

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